

STATE OF MAINE

BOARD OF

CHIROPRACTIC LICENSURE

APPLICATION FOR

CHIROPRACTIC ACUPUNCTURE



Department of Professional and Financial Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

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GOVERNOR

ANNE L. HEAD
DIRECTOR

Chiropractic Acupuncture

EDUCATION INFORMATION REQUIRED: To verify your chiropractic acupuncture education, please submit a copy of your chiropractic acupuncture education credentials together with this application.

Please refer to 32 MRSA Section §§ 451(1-A) and 502, and Chapter 9 of the board rules for information regarding chiropractic acupuncture. No fee is required.

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

Name:

Contact Address:

City:

State:

Zip Code:

County:

Telephone #:

Social Security #:

Date of Birth:

Business Name:

Business Address: (if different from contact address)

City:

State:

Zip Code:

County:

Telephone #:

Signature:

Date: